

106TH CONGRESS
1ST SESSION

S. 592

To improve the health of children.

IN THE SENATE OF THE UNITED STATES

MARCH 11, 1999

Mr. BOND introduced the following bill; which was read twice and referred to
the Committee on Finance

A BILL

To improve the health of children.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “**Healthy Kids 2000 Act**”.

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

Sec. 1. Short title; table of contents.

**TITLE I—HEALTH CARE ACCESSIBILITY AND ACCOUNTABILITY
FOR MOTHERS AND NEWBORNS**

Subtitle A—Accessibility of Mothers and Newborns to Health Insurance

Sec. 101. Short title; references.

Sec. 102. Optional coverage of low-income, uninsured pregnant women under a
State child health plan.

Sec. 103. Automatic enrollment for children born to women receiving pregnancy-related assistance.

Sec. 104. Expanded availability of funding for administrative costs related to outreach and eligibility determinations.

Subtitle B—Patient Rights With Respect to Care

Sec. 111. Patient rights with respect to care

“SUBPART C—PATIENT RIGHTS WITH RESPECT TO CARE

“Sec. 721. Patient access to obstetric and gynecological care.

“Sec. 722. Access to pediatric care.

“Sec. 723. Accountability through distribution of information.

“Sec. 724. Generally applicable provision.

Sec. 112. Grievances and appeals with respect to children.

Sec. 113. Amendments to the Internal Revenue Code of 1986.

Sec. 114. Effective date.

TITLE II—PAYMENTS TO CHILDREN’S HOSPITALS THAT OPERATE GME PROGRAMS

Sec. 201. Short title.

Sec. 202. Program of payments to children’s hospitals that operate graduate medical education programs.

TITLE III—PEDIATRIC PUBLIC HEALTH PROMOTION

Subtitle A—National Center for Birth Defects Research and Prevention

Sec. 301. National center for birth defects research and prevention.

Subtitle B—Pregnant Mothers and Infants Health Promotion

Sec. 311. Short title.

Sec. 312. Findings.

Sec. 313. Establishment.

Subtitle C—Safe Motherhood Monitoring and Prevention Research

Sec. 321. Short title.

Sec. 322. Amendment to Public Health Service Act.

Subtitle D—Poison Control Center Enhancement

Sec. 331. Short title.

Sec. 332. Findings.

Sec. 333. Definition.

Sec. 334. Establishment of a national toll-free number.

Sec. 335. Establishment of nationwide media campaign.

Sec. 336. Establishment of a grant program.

TITLE IV—PEDIATRIC RESEARCH

Sec. 401. Establishment of a pediatric research initiative.

Sec. 402. Investment in tomorrow’s pediatric researchers.

1 **TITLE I—HEALTH CARE ACCES-**
2 **SIBILITY AND ACCOUNTABIL-**
3 **ITY FOR MOTHERS AND**
4 **NEWBORNS**

5 **Subtitle A—Accessibility of Moth-**
6 **ers and Newborns to Health In-**
7 **surance**

8 **SEC. 101. SHORT TITLE; REFERENCES.**

9 (a) **SHORT TITLE.**—This subtitle may be cited as the
10 “Mothers and Newborns Health Insurance Act of 1999”.

11 (b) **REFERENCES TO SOCIAL SECURITY ACT.**—Ex-
12 cept as otherwise expressly provided, whenever in this sub-
13 title an amendment or repeal is expressed as an amend-
14 ment to, or repeal of, a section or other provision, the ref-
15 erence shall be considered to be made to a section or other
16 provision of the Social Security Act.

17 **SEC. 102. OPTIONAL COVERAGE OF LOW-INCOME, UNIN-**
18 **SURED PREGNANT WOMEN UNDER A STATE**
19 **CHILD HEALTH PLAN.**

20 (a) **IN GENERAL.**—Title XXI (42 U.S.C. 1397aa et
21 seq.) is amended by adding at the end the following new
22 section:

3 "(a) OPTIONAL COVERAGE.—Notwithstanding any
4 other provision of this title, a State child health plan may
5 provide for coverage of pregnancy-related assistance for
6 targeted low-income pregnant women in accordance with
7 this section.

8 "(b) DEFINITIONS.—For purposes of this section:

9 “(1) PREGNANCY-RELATED ASSISTANCE.—The
10 term ‘pregnancy-related assistance’ has the meaning
11 given the term ‘child health assistance’ in section
12 2110(a) as if any reference to targeted low-income
13 children were a reference to targeted low-income
14 pregnant women, except that the assistance shall be
15 limited to services related to pregnancy (which in-
16 clude prenatal, delivery, and postpartum services)
17 and to other conditions that may complicate preg-
18 nancy and shall not include pre-pregnancy services
19 and supplies.

20 “(2) TARGETED LOW-INCOME PREGNANT
21 WOMAN.—The term ‘targeted low-income pregnant
22 woman’ has the meaning given the term ‘targeted
23 low-income child’ in section 2110(b) as if any ref-
24 erence to a child were deemed a reference to a
25 woman during pregnancy and through the end of the

1 month in which the 60-day period (beginning on the
2 last day of her pregnancy) ends.

3 "(c) REFERENCES TO TERMS AND SPECIAL
4 RULES.—In the case of, and with respect to, a State pro-
5 viding for coverage of pregnancy-related assistance to tar-
6 geted low-income pregnant women under subsection (a),
7 the following special rules apply:

8 "(1) Any reference in this title (other than sub-
9 section (b)) to a targeted low-income child is deemed
10 to include a reference to a targeted low-income preg-
11 nant woman.

12 "(2) Any such reference to child health assist-
13 ance with respect to such women is deemed a ref-
14 erence to pregnancy-related assistance.

15 "(3) Any such reference to a child is deemed a
16 reference to a woman during pregnancy and the pe-
17 riod described in subsection (b)(2).

18 "(4) The Medicaid applicable income level is
19 deemed a reference to the income level established
20 under section 1902(l)(2)(A).

21 "(5) Subsection (a) of section 2103 (relating to
22 required scope of health insurance coverage) shall
23 not apply insofar as a State limits coverage to serv-
24 ices described in subsection (b)(1) and the reference
25 to such section in section 2105(a)(1) is deemed not

1 to require, in such case, compliance with the require-
2 ments of section 2103(a).

3 “(6) There shall be no exclusion of benefits for
4 services described in subsection (b)(1) based on any
5 pre-existing condition, and no waiting period (includ-
6 ing a waiting period to carry out section
7 2102(b)(3)(C)) shall apply.

8 “(d) NO IMPACT ON ALLOTMENTS.—Nothing in this
9 section shall be construed as affecting the amount of any
10 initial allotment provided to a State under section
11 2104(b).

12 “(e) APPLICATION OF FUNDING RESTRICTIONS.—
13 The coverage under this section (and the funding of such
14 coverage) is subject to the restrictions of section
15 2105(c).”.

16 (b) CONFORMING AMENDMENT.—Section
17 2102(b)(1)(B) (42 U.S.C. 1397bb(b)(1)(B)) is
18 amended—

19 (1) by striking “and” at the end of clause (i);
20 (2) by striking the period at the end of clause
21 (ii) and inserting “, and”; and
22 (3) by adding at the end the following new
23 clause:

24 (2) (iii) may not apply a waiting period
25 (including a waiting period to carry out

1 paragraph (3)(C)) in the case of a targeted
2 low-income child who is pregnant.”.

3 (c) EFFECTIVE DATE.—The amendments made by
4 subsections (a) and (b) shall take effect on the date of
5 the enactment of this Act and shall apply to allotments
6 for all fiscal years.

7 SEC. 103. AUTOMATIC ENROLLMENT FOR CHILDREN BORN
8 TO WOMEN RECEIVING PREGNANCY-RELAT-
9 ED ASSISTANCE.

10 (a) IN GENERAL.—Section 2111, as added by section
11 102, is amended by adding at the end the following new
12 subsection:

13 “(f) AUTOMATIC ENROLLMENT FOR CHILDREN
14 BORN TO WOMEN RECEIVING PREGNANCY-RELATED AS-
15 SISTANCE.—Notwithstanding any other provision of this
16 title, if a child is born to a targeted low-income pregnant
17 woman who was receiving pregnancy-related assistance
18 under this section on the date of the child’s birth, the child
19 shall be deemed to have applied for child health assistance
20 under the State child health plan on the date of such birth,
21 to have been found eligible for such assistance on such
22 date, and to remain eligible for such assistance until the
23 child attains 1 year of age.”.

24 (b) EFFECTIVE DATE.—The amendment made by
25 subsection (a) shall take effect on the date of the enact-

1 ment of this Act and shall apply to allotments for all fiscal
2 years.

3 **SEC. 104. EXPANDED AVAILABILITY OF FUNDING FOR AD-**
4 **MINISTRATIVE COSTS RELATED TO OUT-**
5 **REACH AND ELIGIBILITY DETERMINATIONS.**

6 Section 1931(h) (42 U.S.C. 1396u-1(h)) is
7 amended—

8 (1) by striking the subsection heading and in-
9 serting “INCREASED FEDERAL MATCHING RATE
10 FOR ADMINISTRATIVE COSTS RELATED TO OUT-
11 REACH AND ELIGIBILITY DETERMINATIONS”;

12 (2) in paragraph (2), by striking “eligibility de-
13 terminations” and all that follows and inserting “de-
14 terminations of the eligibility of children and preg-
15 nant women for benefits under the State plan under
16 this title or title XXI, outreach to children and preg-
17 nant women likely to be eligible for such benefits,
18 and such other outreach- and eligibility-related ac-
19 tivities as the Secretary may approve.”;

20 (3) in paragraph (3), by striking “and ending
21 with fiscal year 2000”; and

22 (4) by striking paragraph (4) and inserting the
23 following:

24 “(4) ENCOURAGING USE OF LOCAL AND COM-
25 MUNITY-BASED ORGANIZATIONS IN OUTREACH AND

1 ENROLLMENT ACTIVITIES.—The Secretary shall es-
2 tablish a procedure under which, if a State does not
3 otherwise obligate the amounts made available under
4 this subsection, local and community-based public or
5 nonprofit private organizations (including local and
6 county governments, public health departments,
7 community health centers, children's hospitals, and
8 disproportionate share hospitals) may seek to have
9 administrative costs relating to outreach and enroll-
10 ment of children and pregnant women under this
11 title and title XXI treated as administrative costs of
12 a State described in section 1903(a)(7), if such or-
13 ganizations have the permission of the State in-
14 volved. A State may require such an organization to
15 provide payment of such amounts as the State would
16 otherwise be responsible for in order to obtain pay-
17 ment under this paragraph.”.

18 **Subtitle B—Patient Rights With
19 Respect to Care**

20 **SEC. 111. PATIENT RIGHTS WITH RESPECT TO CARE.**

21 (a) IN GENERAL.—Part 7 of subtitle B of title I of
22 the Employee Retirement Income Security Act of 1974
23 (29 U.S.C. 1181 et seq.) is amended—

24 (1) by redesignating subpart C as subpart D;
25 and

1 (2) by inserting after subpart B the following:

2 "Subpart C—Patient Rights With Respect to Care

5 "(a) IN GENERAL.—In any case in which a group
6 health plan (other than a fully insured group health
7 plan)—

8 “(1) provides coverage for benefits consisting
9 of—

10 “(A) gynecological care (such as preventive
11 women’s health examinations); or

12 “(B) obstetric care (such as pregnancy-re-
13 lated services);

14 provided by a participating physician who specializes
15 in such care; and

16 “(2) requires or provides for the designation by
17 a participant or beneficiary of a participating pri-
18 mary care provider;

19 if the primary care provider designated by such partici-
20 pant or beneficiary is not such a physician as described
21 in paragraph (1), then the plan shall meet the require-
22 ments of subsection (b).

23 "(b) REQUIREMENTS.—A group health plan (other
24 than a fully insured group health plan) that meets the re-
25 quirements of this subsection, in connection with the cov-

1 erage of benefits described in subsection (a) consisting of
2 care described in subparagraph (A) or (B) of subsection
3 (a)(1), if the plan—

4 “(1) does not require authorization or a referral
5 by the primary care provider in order to obtain cov-
6 erage for such benefits; and

7 “(2) treats the ordering of other routine care
8 related to the care described in subparagraph (A) or
9 (B) of subsection (a)(1), by the participating physi-
10 cian providing the care described in either such sub-
11 paragraph, as the authorization of the primary care
12 provider with respect to such care.

13 “(c) RULE OF CONSTRUCTION.—Nothing in sub-
14 section (b)(2) shall be construed as waiving any require-
15 ments of coverage relating to medical necessity or appro-
16 priateness with respect to the coverage of the gynecological
17 or obstetric care so ordered. Nothing in subsection (b)
18 shall be construed to preclude the health plan from requir-
19 ing that the obstetrician or gynecologist notify the primary
20 care provider or the plan of treatment decisions.

21 **“SEC. 722. ACCESS TO PEDIATRIC CARE.**

22 “(a) ACCESS TO APPROPRIATE PEDIATRIC PRIMARY
23 CARE PROVIDERS.—

24 “(1) IN GENERAL.—If a group health plan
25 (other than a fully insured group health plan) re-

1 quires or provides for a participant to designate a
2 participating pediatric primary care provider for a
3 child of such participant—

4 “(A) the plan or issuer shall permit the
5 participant to designate a pediatric primary
6 care provider who specializes in pediatrics as
7 the child’s primary care provider; and

8 “(B) if such a participant has not des-
9 ignated such a provider for the child, the plan
10 or issuer shall consider appropriate pediatric ex-
11 pertise in mandatorily assigning such a partici-
12 pant to a pediatric primary care provider.

13 “(2) CONSTRUCTION.—Nothing in paragraph
14 (1) shall be construed to—

15 “(A) waive any requirements of coverage
16 relating to medical necessity or appropriateness
17 with respect to coverage of services; or

18 “(B) preclude the group health plan in-
19 volved from requiring that the pediatric pro-
20 vider notify the primary care provider or the
21 plan of treatment decisions.

22 “(b) REFERRAL TO SPECIALITY CARE FOR CHIL-
23 DREN REQUIRING TREATMENT BY SPECIALISTS.—

24 “(1) IN GENERAL.—In the case of a child who
25 is covered under a group health plan (other than a

1 fully insured group health plan) and who has a men-
2 tal or physical condition, disability, or disease of suf-
3 ficient seriousness and complexity to require diag-
4 nosis, evaluation or treatment by a specialist, the
5 plan shall make or provide for a referral to a special-
6 ist who has extensive experience or training, and is
7 available and accessible to provide the treatment for
8 such condition or disease, including the choice of a
9 nonprimary care specialist participating in the plan
10 or a referral to a nonparticipating provider as pro-
11 vided for under paragraph (4) if such a provider is
12 not available within the plan.

13 “(2) SPECIALIST DEFINED.—For purposes of
14 this subsection, the term ‘specialist’ means, with re-
15 spect to a condition, disability, or disease, a health
16 care practitioner, facility (such as a children hos-
17 pital), or center (such as a center of excellence) that
18 has extensive pediatric expertise through appropriate
19 training or experience to provide high quality care in
20 treating the condition, disability, or disease.

21 “(3) REFERRALS TO PARTICIPATING PROVID-
22 ERS.—A group health plan (other than a fully in-
23 sured group health plan) is not required under para-
24 graph (1) to provide for a referral to a specialist
25 that is not a participating provider, unless the plan

1 does not have an appropriate specialist that is avail-
2 able and accessible to treat the participant's or bene-
3 ficiary's condition and that is a participating pro-
4 vider with respect to such treatment.

5 “(4) TREATMENT OF NONPARTICIPATING PRO-
6 VIDERS.—If a group health plan (other than a fully
7 insured group health plan) refers a child beneficiary
8 to a nonparticipating specialist, services provided
9 pursuant to the referral shall be provided at no addi-
10 tional cost to the participant beyond what the partic-
11 ipant would otherwise pay for services received by
12 such a specialist who is a participating provider.

13 “(c) DEFINITION.—In this subpart, the term ‘child’
14 means an individual who is under 19 years of age.

15 **“SEC. 723. ACCOUNTABILITY THROUGH DISTRIBUTION OF**
16 **INFORMATION.**

17 “(a) IN GENERAL.—A group health plan (other than
18 a fully insured group health plan) shall, with respect to
19 the coverage of children, submit to participants (and pro-
20 spective participants), and make available to the public,
21 in writing the health-related information described in sub-
22 section (b).

23 “(b) INFORMATION.—The information to be provided
24 under subsection (a) shall include information on the
25 structures, processes, and outcomes regarding each health

1 insurance product offered to participants and beneficiaries
2 in a manner that is separate for both the adult and child
3 participants and beneficiaries, using measures that are
4 specific to each group.

5 **“SEC. 724. GENERALLY APPLICABLE PROVISION.**

6 “In the case of a group health plan that provides ben-
7 efits under 2 or more coverage options, the requirements
8 of this subpart shall apply separately with respect to each
9 coverage option.”.

10 (b) **DEFINITION.**—Section 733(a) of the Employee
11 Retirement Income Security Act of 1974 (29 U.S.C.
12 1191b(a)) is amended by adding at the end the following:

13 **“(3) FULLY INSURED GROUP HEALTH PLAN.—**
14 The term ‘fully insured group health plan’ means a
15 group health plan where benefits are provided pursu-
16 ant to the terms of an arrangement between a group
17 health plan and a health insurance issuer and are
18 guaranteed by the health insurance issuer under a
19 contract or policy of insurance.”.

20 (c) **CONFORMING AMENDMENT.**—The table of con-
21 tents in section 1 of the Employee Retirement Income Se-
22 curity Act of 1974 is amended—

23 (1) in the item relating to subpart C, by strik-
24 ing “Subpart C” and inserting “Subpart D”; and

“SUBPART C—PATIENT RIGHTS WITH RESPECT TO CARE

“Sec. 721. Patient access to obstetric and gynecological care.

“Sec. 722. Access to pediatric care.

“Sec. 723. Accountability through distribution of information.

“Sec. 724. Generally applicable provision.”.

4 SEC. 112. GRIEVANCES AND APPEALS WITH RESPECT TO
5 CHILDREN.

6 (a) IN GENERAL.—Section 503 of the Employee Re-
7 tirement Income Security Act of 1974 (29 U.S.C. 1133)
8 is amended to read as follows:

9 "SEC. 503. CLAIMS PROCEDURE, AND GRIEVANCES AND AP-
10 PEALS WITH RESPECT TO CHILDREN.

11 "(a) CLAIMS PROCEDURE.—In accordance with regu-
12 lations of the Secretary, every employee benefit plan
13 shall—

14 “(1) provide adequate notice in writing to any
15 participant or beneficiary whose claim for benefits
16 under the plan has been denied, setting forth the
17 specific reasons for such denial, written in a manner
18 calculated to be understood by the participant, and

19 “(2) afford a reasonable opportunity to any
20 participant whose claim for benefits has been denied
21 for a full and fair review by the appropriate named
22 fiduciary of the decision denying the claim.

1 “(b) INTERNAL APPEALS PROCESS.—A group health
2 plan, or health insurance issuer in connection with the
3 provisions of health insurance coverage, shall, with respect
4 to the coverage of children, establish and maintain a sys-
5 tem to provide for the resolution of complaints and appeals
6 regarding all aspects of such coverage. Such a system shall
7 include an expedited procedure for appeals where a stand-
8 ard appeal would jeopardize the life, health, or develop-
9 ment of the child.

10 “(c) EXTERNAL APPEALS PROCESS.—A group health
11 plan, or health insurance issuer in connection with the
12 provision of health insurance coverage, shall, with respect
13 to the coverage of children, provide for an independent ex-
14 ternal review process that meets the following require-
15 ments:

16 “(1) External appeal activities shall be con-
17 ducted through clinical peers, including a physician
18 or other health care professional who is appro-
19 priately credentialed in pediatrics who has the same
20 or similar specialty as the specialty involved in the
21 appeal and who has experience managing the condi-
22 tion, procedure, or treatment under review or ap-
23 peal.

24 “(2) External appeal activities shall be con-
25 ducted through an entity that has sufficient pedi-

1 atric expertise, including subspeciality expertise, and
2 staffing to conduct external appeal activities on a
3 timely basis.

4 “(3) Such a review process shall include an ex-
5 pedited procedure for appeals on behalf of a child
6 enrollee in which the time frame of a standard ap-
7 peal would jeopardize the life, health, or development
8 of the child.”.

9 (b) CONFORMING AMENDMENT.—The table of con-
10 tents in section 1 of the Employee Retirement Income Se-
11 curity Act of 1974 is amended by striking the item relat-
12 ing to section 503 and inserting the following new item:

“Sec. 503. Claims procedures and grievances and appeals with respect to chil-
dren.”.

13 **SEC. 113. AMENDMENTS TO THE INTERNAL REVENUE CODE
14 OF 1986.**

15 Subchapter B of chapter 100 of the Internal Revenue
16 Code of 1986 is amended—

17 (1) in the table of sections, by inserting after
18 the item relating to section 9812 the following new
19 item:

“Sec. 9813. Standard relating to Patients' bill of rights.”; and

20 (2) by inserting after section 9812 the follow-
21 ing:

1 **“SEC. 9813. STANDARD RELATING TO PATIENTS’ RIGHTS.**

2 “A group health plan shall comply with the require-
3 ments of subpart C of part 7 of subtitle B of title I of
4 the Employee Retirement Income Security Act of 1974 (as
5 in effect as of the date of the enactment of the Healthy
6 Kids 2000 Act), and such requirements shall be deemed
7 to be incorporated into this section.”.

8 **SEC. 114. EFFECTIVE DATE.**

9 (a) IN GENERAL.—The amendments made by this
10 subtitle shall apply with respect to plan years beginning
11 on or after January 1 of the second calendar year follow-
12 ing the date of the enactment of this Act. The Secretary
13 shall issue all regulations necessary to carry out the
14 amendments made by this section before the effective date
15 thereof.

16 (b) LIMITATION ON ENFORCEMENT ACTIONS.—No
17 enforcement action shall be taken, pursuant to the amend-
18 ments made by this subtitle, against a group health plan
19 with respect to a violation of a requirement imposed by
20 such amendments before the date of issuance of regula-
21 tions issued in connection with such requirement.

1 **TITLE II—PAYMENTS TO CHIL-**
2 **DREN'S HOSPITALS THAT OP-**
3 **ERATE GME PROGRAMS**

4 **SEC. 201. SHORT TITLE.**

5 This title may be cited as the “Pediatric Medical
6 Education, Training, and Research Act of 1999”.

7 **SEC. 202. PROGRAM OF PAYMENTS TO CHILDREN'S HOS-**
8 **PITALS THAT OPERATE GRADUATE MEDICAL**
9 **EDUCATION PROGRAMS.**

10 (a) **PAYMENTS.—**

11 (1) **IN GENERAL.**—The Secretary shall make
12 payment under this section to each children's hos-
13 pital for each hospital cost reporting period begin-
14 ning after fiscal year 1999 and before fiscal year
15 2004 for the direct and indirect expenses associated
16 with operating approved medical residency training
17 programs.

18 (2) **PAYMENT AMOUNT.**—Subject to paragraph
19 (3), the amount payable under this section to a chil-
20 dren's hospital for direct and indirect expenses relat-
21 ing to approved medical residency training programs
22 for a cost reporting period ending in a fiscal year is
23 equal to the sum of the amount determined under
24 subsection (b) and the amount determined under
25 subsection (c) for such hospital for such fiscal year.

(3) CAPPED AMOUNT.—

(A) IN GENERAL.—The payments to children's hospitals established in this subsection for cost reporting periods ending in any fiscal year shall not exceed the funds appropriated under subsection (e) for that fiscal year.

(B) PRO RATA REDUCTIONS.—If the Secretary determines that the amount of funds appropriated under subsection (e) for cost reporting periods ending in any fiscal year is insufficient to provide the total amount of payments otherwise due for such periods, the Secretary shall reduce each of the amounts payable under this section for such period on a pro rata basis to reflect such shortfall.

16 (b) AMOUNT OF PAYMENT FOR DIRECT MEDICAL
17 EDUCATION.—

(A) the per resident rate for direct medical education, as determined under paragraph (2), for the cost reporting period; and

(B) the weighted average number of full-time equivalent residents in the hospital's approved medical residency training programs (as determined under section 1886(h)(4) of the Social Security Act (42 U.S.C. 1395ww(h)(4))) for the cost reporting period.

10 (2) PER RESIDENT RATE FOR DIRECT MEDICAL
11 EDUCATION.—

(A) IN GENERAL.—The per resident rate for direct medical education for a hospital for a cost reporting period is the updated rate determined under subparagraph (B).

(B) COMPUTATION UPDATED RATE.—The updated rate determined under this subparagraph is equal to the lesser of—

(i) a rate equal to the weighted average of the per resident rates computed under section 1886(h)(2) of the Social Security Act (42 U.S.C. 1395ww(h)(2)) for cost reporting periods ending during fiscal year 1999 for all hospitals located in the

Metropolitan Statistical Area in which the hospital involved is located; or

(ii) the per resident rate for cost reporting periods ending during fiscal year 1999 for the hospital involved (as determined by the Secretary using the methodology described in section 1886(h)(2)(E)) of such Act (42 U.S.C. 1395ww(h)(2)(E));

10 each such rate updated by the hospital market
11 basket increase percentage from fiscal year
12 1999 through the fiscal year involved.

13 (c) AMOUNT OF PAYMENT FOR INDIRECT MEDICAL
14 EDUCATION.—

22 (2) FACTORS.—In determining the amount
23 under paragraph (1), the Secretary shall—

24 (A) take into account variations in case
25 mix among children's hospitals and the weight-

13 (d) MAKING OF PAYMENTS.—

24 (3) RECONCILIATION.—At the end of each such
25 period, the hospital shall submit to the Secretary

such information as the Secretary determines to be necessary to determine the percent (if any) of the amount withheld under paragraph (2) that is due under this section for the hospital for the period. Based on such determination, the Secretary shall recoup any overpayments made, or pay any balance due. The amount so determined shall be considered a final intermediary determination for purposes of applying section 1878 of the Social Security Act (42 U.S.C. 1395oo) and shall be subject to review under that section in the same manner as the amount of payment under section 1886(d) of such Act (42 U.S.C. 1395ww(d)) is subject to review under such section.

(e) LIMITATION ON EXPENDITURES.—

(1) PAYMENT FOR DIRECT MEDICAL EDUCATION EXPENSES REPRESENTING MEDICARE'S SHARE OF SUCH EXPENSES.—

(A) IN GENERAL.—Subject to subparagraph (B), there are hereby appropriated, out of any money in the Treasury not otherwise appropriated, for payments under this section for direct expenses relating to approved medical residency training programs for a cost reporting period for cost reporting periods beginning in—

- (i) fiscal year 2000, \$35,000,000;
- (ii) fiscal year 2001, \$95,000,000;
- (iii) fiscal year 2002, \$95,000,000;

4 and

(iv) fiscal year 2003, \$95,000,000.

6 (B) CARRYOVER OF EXCESS.—If the
7 amount of payments under this section for cost
8 reporting periods ending in fiscal year 2000,
9 2001, or 2002 is less than the amount provided
10 under this paragraph for such payments for
11 such periods, then the amount available under
12 this paragraph for cost reporting periods ending
13 in the following fiscal year shall be increased by
14 the amount of such difference.

15 (2) PAYMENT FOR INDIRECT MEDICAL EDU-
16 CATION EXPENSES REPRESENTING MEDICARE'S
17 SHARE OF SUCH EXPENSES.—There are hereby ap-
18 propriated, out of any money in the Treasury not
19 otherwise appropriated, for payments under this sec-
20 tion for indirect expenses relating to approved medi-
21 cal residency training programs for a cost reporting
22 period for cost reporting periods beginning in—

- 23 (A) fiscal year 2000, \$65,000,000;
- 24 (B) fiscal year 2001, \$190,000,000;
- 25 (C) fiscal year 2002, \$190,000,000; and

1 (D) fiscal year 2003, \$190,000,000.

2 (f) RELATION TO MEDICARE AND MEDICAID PAY-
3 MENTS.—Notwithstanding any other provision of law,
4 payments under this section to a hospital for a cost report-
5 ing period—

15 (g) DEFINITIONS.—In this section:

16 (1) APPROVED MEDICAL RESIDENCY TRAINING
17 PROGRAM.—The term “approved medical residency
18 training program” has the meaning given such term
19 in section 1886(h)(5)(A) of the Social Security Act
20 (42 U.S.C. 1395ww(h)(5)(A)).

6 (4) SECRETARY.—The term “Secretary” means
7 the Secretary of Health and Human Services.

TITLE III—PEDIATRIC PUBLIC HEALTH PROMOTION

10 **Subtitle A—National Center for**
11 **Birth Defects Research and Pre-**
12 **vention**

13 SEC. 301. NATIONAL CENTER FOR BIRTH DEFECTS RE-
14 SEARCH AND PREVENTION.

15 Title III of the Public Health Service Act (42 U.S.C.
16 241 et seq.) is amended by adding at the end the follow-
17 ing:

18 **“PART Q—PEDIATRIC PUBLIC HEALTH**

19 **PROMOTION**

20 "SEC. 399L. NATIONAL CENTER FOR BIRTH DEFECTS RE-
21 SEARCH AND PREVENTION

22 "(a) ESTABLISHMENT.—There is established within
23 the Centers for Disease Control and Prevention a center
24 to be known as the National Center for Birth Defects Re-
25 search and Prevention.

1 “(b) PURPOSE.—The general purpose of the National
2 Center established under subsection (a) shall be to—

3 “(1) collect, analyze, and make available data
4 on birth defects, including data on the causes of
5 such defects and on the incidence and prevalence of
6 such defects;

7 “(2) conduct applied epidemiological research
8 on the prevention of such defects; and

9 “(3) provide information and education to the
10 public on the prevention of such defects.

11 “(c) DIRECTOR.—The National Center established
12 under subsection (a) shall be headed by a director to be
13 appointed by the Secretary.

14 “(d) TRANSFERS.—There shall be transferred to the
15 National Center established under subsection (a) all activi-
16 ties, budgets and personnel of the National Center for En-
17 vironmental Health that relate to birth defects, folic acid,
18 cerebral palsy, mental retardation, child development,
19 newborn screening, autism, fragile X syndrome, fetal alco-
20 hol syndrome, pediatric genetics, and disability prevention.

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated such sums as may be
23 necessary to carry out this section.”.

1 **Subtitle B—Pregnant Mothers and** 2 **Infants Health Promotion**

3 **SEC. 311. SHORT TITLE.**

4 This subtitle may be cited as the “Pregnant Mothers
5 and Infants Health Protection Act”.

6 **SEC. 312. FINDINGS.**

7 Congress makes the following findings:

8 (1) Alcohol consumption by a woman during
9 her pregnancy can cause the woman to have a mis-
10 carriage and otherwise cause serious harm to her
11 baby, including low birth weight, birth defects, and
12 behavioral problems.

13 (2) Illegal drug usage can cause problems such
14 as miscarriage, early birth, or high or low blood
15 pressure for the mother.

16 (3) Exposure to illegal drugs often causes ba-
17 bies to die before or after they are born. If a baby
18 is born alive, the newborn might be addicted to
19 drugs and have painful withdrawal. Drug exposure
20 may also cause severe damage to the newborn’s or-
21 gans, such as the brain, eyes, ears, heart, kidneys,
22 or genitals.

23 (4) Smoking tobacco products during pregnancy
24 significantly increases maternal and fetal risk and
25 accounts for 20 to 30 percent of the low birth weight

1 rate and 10 percent of the fetal and infant death
2 rate in the United States.

3 (5) Infants of mothers who smoke during and
4 after pregnancy have nearly a 3 fold increase in the
5 risk of Sudden Infant Death Syndrome (referred to
6 in this section as "SIDS") as compared to infants
7 of mothers who do not smoke.

8 (6) Smoking during pregnancy has been associ-
9 ated with certain childhood cancers and birth de-
10 fects, and it increases the risk of spontaneous abor-
11 tion, premature rupture of membranes, and delivery
12 of a stillborn infant.

13 (7) Smoking during pregnancy may impede the
14 growth of the fetus and increase the likelihood of
15 mental retardation by 50 percent.

16 (8) The proportion of women who quit smoking
17 during pregnancy but relapse within 6 months is
18 nearly 63 percent, thereby exposing their infants to
19 passive smoke and increasing their risk of SIDS and
20 other health related problems.

21 (9) Effective prenatal smoking, alcohol, and il-
22 legal drug cessation methods increase the rate of
23 cessation during pregnancy.

1 SEC. 313. ESTABLISHMENT.

2 Part Q of title III of the Public Health Service Act
3 (as added by section 301) is amended by adding at the
4 end the following:

7 "(a) IN GENERAL.—The Secretary, acting through
8 the Director of the Centers for Disease Control and Pre-
9 vention, shall carry out programs—

10 “(1) to collect, analyze, and make available data
11 on prenatal smoking, alcohol and illegal drug usage,
12 including data on the implications of such activities
13 and on the incidence and prevalence of such activi-
14 ties and their implications;

15 “(2) to conduct applied epidemiological research
16 on the prevention of prenatal and postnatal smoking,
17 alcohol and illegal drug usage;

18 “(3) to support, conduct, and evaluate the ef-
19 fectiveness of educational and cessation programs;
20 and

21 “(4) to provide information and education to
22 the public on the prevention and implications of pre-
23 natal and postnatal smoking, alcohol and illegal drug
24 usage.

25 "(b) GRANTS.—In carrying out subsection (a), the
26 Secretary may award grants to and enter into contracts

1 with States, local governments, scientific and academic in-
2 stitutions, Federally qualified health centers, and other
3 public and nonprofit entities, and may provide technical
4 and consultative assistance to such entities.

5 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
6 is authorized to be appropriated to carry out this section,
7 \$15,000,000 for each of the fiscal years 2000 and 2001,
8 and such sums as may be necessary for each of the fiscal
9 years 2002 and 2003.”.

10 **Subtitle C—Safe Motherhood Mon-
11 itoring and Prevention Re-
12 search**

13 **SEC. 321. SHORT TITLE.**

14 This Act may be cited as the “Safe Motherhood Mon-
15 itoring and Prevention Research Act”.

16 **SEC. 322. AMENDMENT TO PUBLIC HEALTH SERVICE ACT.**

17 Part Q of title III of the Public Health Service Act
18 (as added by section 301 and amended by section 311)
19 is further amended by adding at the end the following:

20 **“SEC. 399N. SAFE MOTHERHOOD MONITORING.**

21 “(a) PURPOSE.—It is the purpose of this section to
22 develop monitoring systems at the local, State, and na-
23 tional level to better understand the burden of maternal
24 complications and mortality and to decrease the disparities

1 among population at risk of death and complications from
2 pregnancy.

3 "(b) ACTIVITIES.—For the purpose described in sub-
4 section (a), the Secretary may carry out the following ac-
5 tivities:

6 "(1) The Secretary, acting through the Centers
7 for Disease Control and Prevention, may establish
8 and implement a national monitoring and surveil-
9 lance program to identify and promote the investiga-
10 tion of deaths and severe complications that occur
11 during pregnancy.

12 "(2) The Secretary, acting through the Centers
13 for Disease Control and Prevention, may expand the
14 Pregnancy Risk Assessment Monitoring System to
15 provide surveillance and collect data in each of the
16 50 States.

17 "(3) The Secretary, acting through the Centers
18 for Disease Control and Prevention, may expand the
19 Maternal and Child Health Epidemiology Program
20 to provide technical support, financial assistance, or
21 the time-limited assignment of senior epidemiologists
22 to maternal and child health programs in each of the
23 50 States.

1 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section,
3 \$25,000,000 for each fiscal year.”.

4 **SEC. 399O. PREVENTION RESEARCH TO ENSURE SAFE**
5 **MOTHERHOOD.**

6 “(a) PURPOSE.—It is the purpose of this section to
7 provide the Centers for Disease Control and Prevention
8 with the authority to further expand research concerning
9 risk factors, prevention strategies, and the roles of the
10 family, health care providers and the community in safe
11 motherhood.

12 “(b) RESEARCH.—The Secretary, acting through the
13 Centers for Disease Control and Prevention, may carry
14 out activities to expand research relating to—

15 “(1) encouraging preconception counseling, es-
16 pecially for at risk populations such as diabetics;

17 “(2) the identification of critical components of
18 prenatal delivery and postpartum care;

19 “(3) the identification of outreach and support
20 services, such as folic acid education, that are avail-
21 able for pregnant women;

22 “(4) the identification of women who are at
23 high risk for complications;

24 “(5) preventing preterm delivery;

25 “(6) preventing urinary tract infections;

1 “(7) preventing unnecessary caesarean sections;

2 “(8) an examination of the higher rates of ma-

3 ternal mortality among African American women;

4 “(9) an examination of the relationship between

5 domestic violence and maternal complications and

6 mortality;

7 “(10) preventing smoking, alcohol and illegal

8 drug usage before, during and after pregnancy;

9 “(11) preventing infections that cause maternal

10 and infant complications; and

11 “(12) other areas determined appropriate by

12 the Secretary.

13 “(c) AUTHORIZATION OF APPROPRIATIONS.—There

14 is authorized to be appropriated to carry out this section,

15 \$20,000,000 for each fiscal year.

16 **“SEC. 399P. PREVENTION PROGRAMS TO ENSURE SAFE**

17 **MOTHERHOOD.**

18 “(a) IN GENERAL.—The Secretary, acting through

19 the Centers for Disease Control and Prevention may carry

20 out activities to promote safe motherhood, including—

21 “(1) public education campaigns on healthy

22 pregnancies and the building of partnerships with

23 outside organizations concerned about safe mother-

24 hood;

1 “(2) education programs for physicians, nurses
2 and other health care providers; and

3 “(3) activities to promote community support
4 services for pregnant women.

5 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
6 is authorized to be appropriated to carry out this section,
7 \$20,000,000 for each fiscal year.”.

8 **Subtitle D—Poison Control Center 9 Enhancement**

10 **SEC. 331. SHORT TITLE.**

11 This subtitle may be cited as the “Poison Control
12 Center Enhancement and Awareness Act”.

13 **SEC. 332. FINDINGS.**

14 Congress makes the following findings:

15 (1) Each year more than 2,000,000 poisonings
16 are reported to poison control centers throughout
17 the United States. More than 90 percent of these
18 poisonings happen in the home. Fifty-three percent
19 of poisoning victims are children younger than 6
20 years of age.

21 (2) Poison centers are life-saving and cost-effic-
22 tive public health services. For every dollar spent on
23 poison control centers, \$7 in medical costs are saved.
24 The average cost of a poisoning exposure call is
25 \$31.28, while the average cost if other parts of the

1 medical system are involved is \$932. Over the last
2 2 decades, the instability and lack of funding has re-
3 sulted in a steady decline in the number of poison
4 control centers in the United States. Currently,
5 there are 75 such centers.

6 (3) Stabilizing the funding structure and in-
7 creasing accessibility to poison control centers will
8 increase the number of United States residents who
9 have access to a certified poison control center, and
10 reduce the inappropriate use of emergency medical
11 services and other more costly health care services.

12 **SEC. 333. DEFINITION.**

13 In this subtitle, the term “Secretary” means the Sec-
14 retary of Health and Human Services.

15 **SEC. 334. ESTABLISHMENT OF A NATIONAL TOLL-FREE
16 NUMBER.**

17 (a) **IN GENERAL.**—The Secretary shall provide co-
18 ordination and assistance to regional poison control cen-
19 ters for the establishment of a nationwide toll-free phone
20 number to be used to access such centers.

21 (b) **AUTHORIZATION OF APPROPRIATIONS.**—There is
22 authorized to be appropriated to carry out this section,
23 \$2,000,000 for each of the fiscal years 2000 through
24 2004.

1 **SEC. 335. ESTABLISHMENT OF NATIONWIDE MEDIA CAM- .**
2 **PAIGN.**

3 (a) **IN GENERAL.**—The Secretary shall establish a
4 national media campaign to educate the public and health
5 care providers about poison prevention and the availability
6 of poison control resources in local communities and to
7 conduct advertising campaigns concerning the nationwide
8 toll-free number established under section 334.

9 (b) **CONTRACT WITH ENTITY.**—The Secretary may
10 carry out subsection (a) by entering into contracts with
11 1 or more nationally recognized media firms for the devel-
12 opment and distribution of monthly television, radio, and
13 newspaper public service announcements.

14 (c) **AUTHORIZATION OF APPROPRIATIONS.**—There is
15 authorized to be appropriated to carry out this section,
16 \$600,000 for each of the fiscal years 2000 through 2004.

17 **SEC. 336. ESTABLISHMENT OF A GRANT PROGRAM.**

18 (a) **REGIONAL POISON CONTROL CENTERS.**—The
19 Secretary shall award grants to certified regional poison
20 control centers for the purposes of achieving the financial
21 stability of such centers, and for preventing and providing
22 treatment recommendations for poisonings.

23 (b) **OTHER IMPROVEMENTS.**—The Secretary shall
24 also use amounts received under this section to—
25 (1) develop standard education programs;

6 (c) CERTIFICATION.—Except as provided in sub-
7 section (d), the Secretary may make a grant to a center
8 under subsection (a) only if the center has been certified
9 by a professional organization in the field of poison con-
10 trol, and the Secretary has approved the organization as
11 having in effect standards for certification that reasonably
12 provide for the protection of the public health with respect
13 to poisoning.

14 (d) WAIVER OF CERTIFICATION REQUIREMENTS.—

1 (e) SUPPLEMENT NOT SUPPLANT.—Amounts made
2 available to a poison control center under this section shall
3 be used to supplement and not supplant other Federal,
4 State, local or private funds provided for such center.

5 (f) MAINTENANCE OF EFFORT.—A poison control
6 center, in utilizing the proceeds of a grant under this sec-
7 tion, shall maintain the expenditures of the center for ac-
8 tivities of the center at a level that is equal to not less
9 than the level of such expenditures maintained by the cen-
10 ter for the fiscal year preceding the fiscal year for which
11 the grant is received.

12 (g) MATCHING REQUIREMENT.—The Secretary may
13 impose a matching requirement with respect to amounts
14 provided under a grant under this section if the Secretary
15 determines appropriate.

16 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this section,
18 \$25,000,000 for each of the fiscal years 2000 through
19 2004.

1 **TITLE IV—PEDIATRIC** 2 **RESEARCH**

3 **SEC. 401. ESTABLISHMENT OF A PEDIATRIC RESEARCH INI-** 4 **TIATIVE.**

5 Part A of title IV of the Public Health Service Act
6 (42 U.S.C. 281 et seq.) is amended by adding at the end
7 the following:

8 **“SEC. 404F. PEDIATRIC RESEARCH INITIATIVE.**

9 “(a) ESTABLISHMENT.—The Secretary shall estab-
10 lish within the Office of the Director of NIH a Pediatric
11 Research Initiative (hereafter in this section referred to
12 as the ‘Initiative’). The Initiative shall be headed by the
13 Director of NIH.

14 “(b) PURPOSE.—The purpose of the Initiative is to
15 provide funds to enable the Director of NIH to
16 encourage—

17 “(1) increased support for pediatric biomedical
18 research within the National Institutes of Health to
19 ensure that the expanding opportunities for advance-
20 ment in scientific investigations and care for chil-
21 dren are realized;

22 “(2) expanded clinical pharmacology and exper-
23 imental therapeutics research, to—

1 “(A) better understand maturational
2 changes in drug metabolism and drug actions
3 from birth through puberty;

4 “(B) apply the insights gained to address
5 specific therapeutic and drug toxicity problems
6 relevant to children;

7 “(C) conduct pediatric clinical trials which
8 will lead to approval of important therapeutic
9 drugs for use by children; and

10 “(D) serve as an educational resource for
11 patients, practitioners and students;

12 “(3) enhanced collaborative efforts among the
13 Institutes to support multidisciplinary research in
14 the areas that the Director deems most promising;

15 “(4) increased support for pediatric outcomes
16 and medical effectiveness research to demonstrate
17 how to improve the quality of children’s health care
18 while reducing cost; and

19 “(5) recognition of the special attention pedi-
20 atric research deserves.

21 “(c) DUTIES.—In carrying out subsection (b), the Di-
22 rector of NIH shall—

23 “(1) consult with the Institutes and other advi-
24 sors as the Director determines appropriate in the

1 allocation of Initiative funds, including the Institute
2 for Child Health and Human Development;

3 “(2) have broad discretion in the allocation of
4 any Initiative assistance among the Institutes,
5 among types of grants, and between basic and clinical
6 research so long as the—

7 “(A) assistance is directly related to the illnesses and diseases of children; and

9 “(B) assistance is extramural in nature;
10 and

11 “(3) be responsible for the oversight of any
12 newly appropriated Initiative funds and be accountable with respect to such funds to Congress and to
14 the public.

15 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this section,
17 \$100,000,000 for each of the fiscal years 2000 and 2001,
18 and such sums as may be necessary for each fiscal year
19 thereafter.

20 “(e) TRANSFER OF FUNDS.—The Director of NIH
21 may transfer amounts appropriated under this section to
22 any of the Institutes for a fiscal year to carry out the purposes of the Initiative under this section.”.

1 SEC. 402. INVESTMENT IN TOMORROW'S PEDIATRIC RE-
2
SEARCHERS.

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services, acting through the National Institute of
5 Child Health and Human Development, shall provide en-
6 hanced support for extramural activities relating to the
7 training and career development of pediatric researchers.

8 (b) PURPOSE.—In carrying out subsection (a), the
9 Secretary of Health and Human Services shall ensure that
10 enhanced support is designed to ensure the future supply
11 of researchers who are dedicated to the care and research
12 needs of children by providing for—

13 (1) an increase in the number and size of insti-
14 tutional training grants to medical school pediatric
15 departments and children's hospitals; and

16 (2) an increase in the number of career develop-
17 ment awards for pediatric providers building careers
18 in pediatric clinical research.

19 (c) PEDIATRIC RESEARCH LOAN REPAYMENT PRO-
20 GRAM.—

21 (1) IN GENERAL.—The Secretary of Health and
22 Human Services, in consultation with the Director of
23 the National Institute of Child Health and Human
24 Development, may establish a pediatric research
25 loan repayment program. Through such program—

9 (B) the Secretary shall, for the purpose of
10 providing reimbursements for tax liability re-
11 sulting from payments made under paragraph
12 (1) on behalf of an individual, make payments,
13 in addition to payments under such paragraph,
14 to the individual in an amount equal to 39 per-
15 cent of the total amount of loan repayments
16 made for the taxable year involved.

17 (2) APPLICATION OF OTHER PROVISIONS.—The
18 provisions of sections 338B, 338C, and 338E of the
19 Public Health Service Act (42 U.S.C. 254l–1, 254m,
20 and 254o) shall, except as inconsistent with para-
21 graph (1), apply to the program established under
22 such paragraph to the same extent and in the same
23 manner as such provisions apply to the National
24 Health Service Corps Loan Repayment Program es-

1 tablished under subpart III of part D of title III of
2 such Act (42 U.S.C. 2451 et seq.).

3 (3) AVAILABILITY OF FUNDS.—Amounts made
4 available to carry out this subsection shall remain
5 available until the expiration of the second fiscal
6 year beginning after the fiscal year for which such
7 amounts were made available.

8 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
9 authorized to be appropriated to carry out this section,
10 \$20,000,000 for fiscal year 2000, \$25,000,000 for fiscal
11 year 2001, \$30,000,000 for fiscal year 2002, and such
12 sums as may be necessary for each fiscal year thereafter.

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